

RHEUMATOID ARTHRITIS

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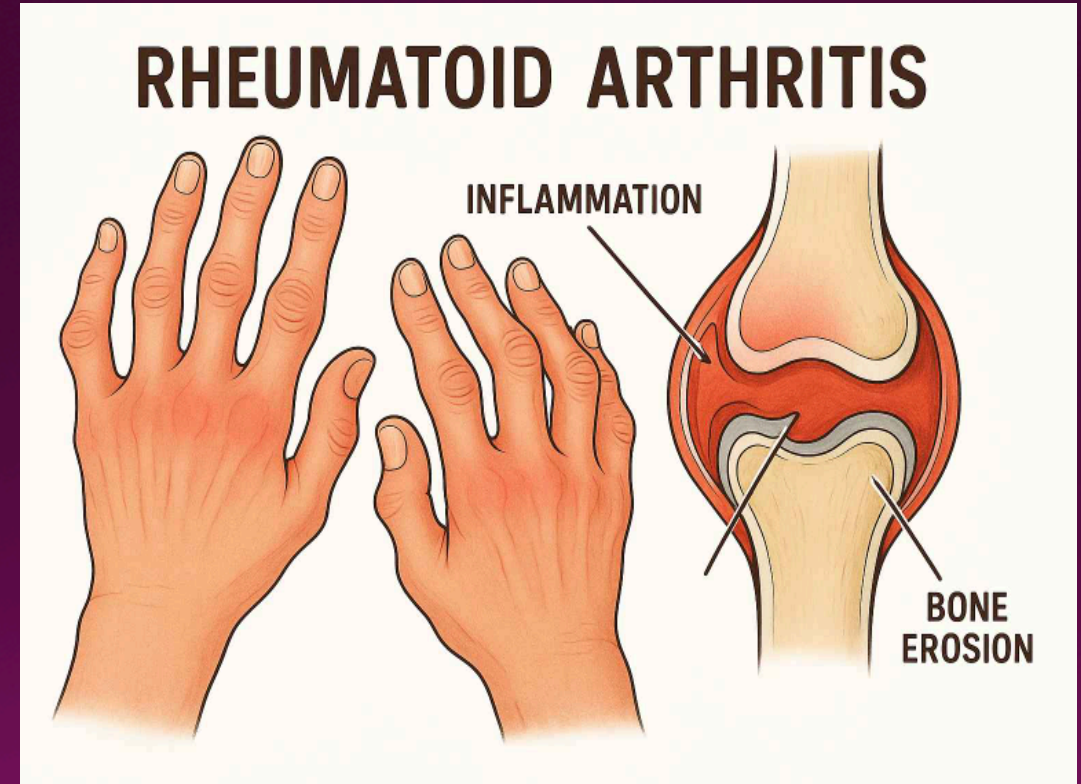
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RHEUMATOID ARTHRITIS

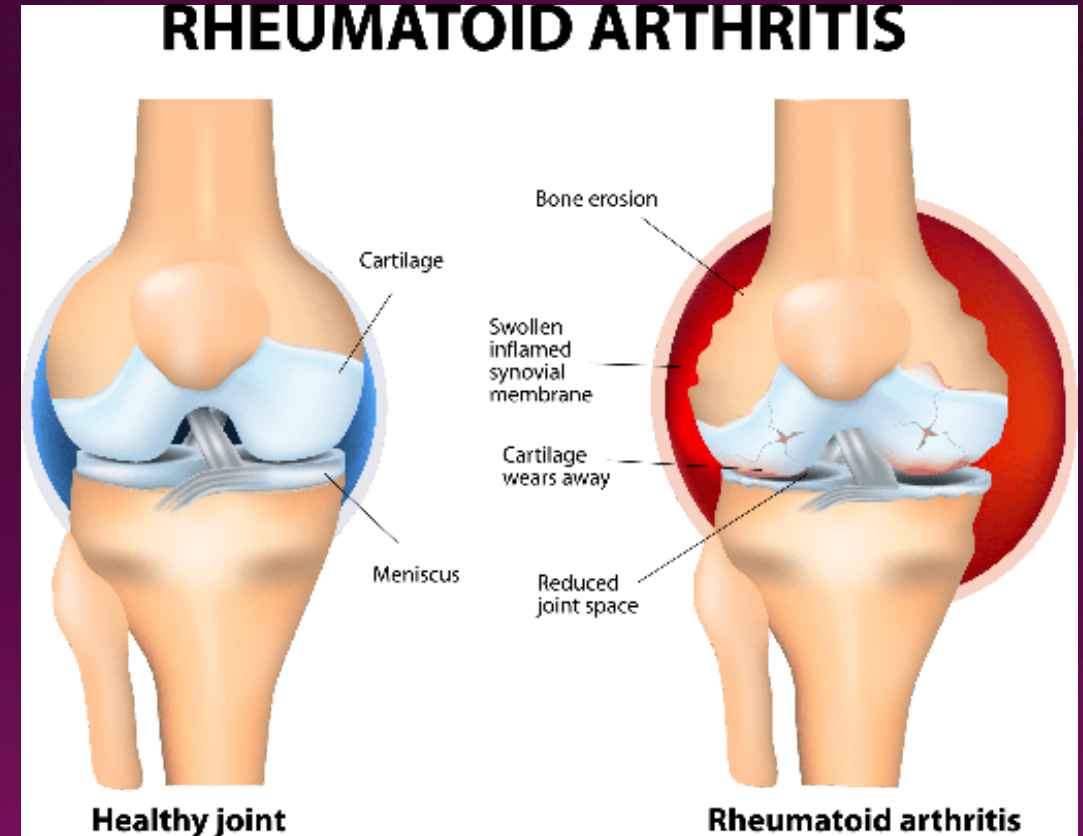
Introduction

- Rheumatoid arthritis is a chronic autoimmune inflammatory joint disease (Radu and Bungau, 2021).
- Causes progressive joint damage, disability and reduced quality of life.
- Systemic inflammation may affect multiple organs beyond joints (O'Neil and Kaplan, 2024).
- Ongoing research improves understanding and management of RA (Huston, 2025).



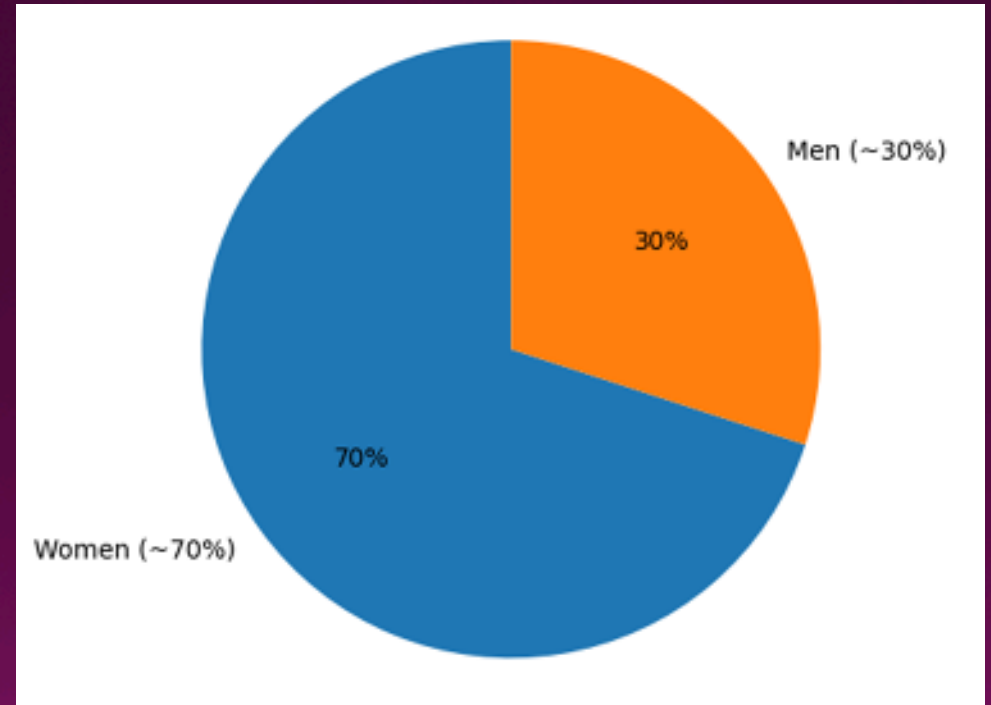
Definition of Rheumatoid Arthritis

- RA is a systemic autoimmune disease causing chronic synovial inflammation (Radu and Bungau, 2021).
- Immune system attacks healthy joint tissues causing inflammation (D'Orazio et al., 2024).
- Commonly affects small joints of hands, wrists and feet.
- Untreated RA leads to joint deformity and functional disability (O'Neil and Kaplan, 2024).



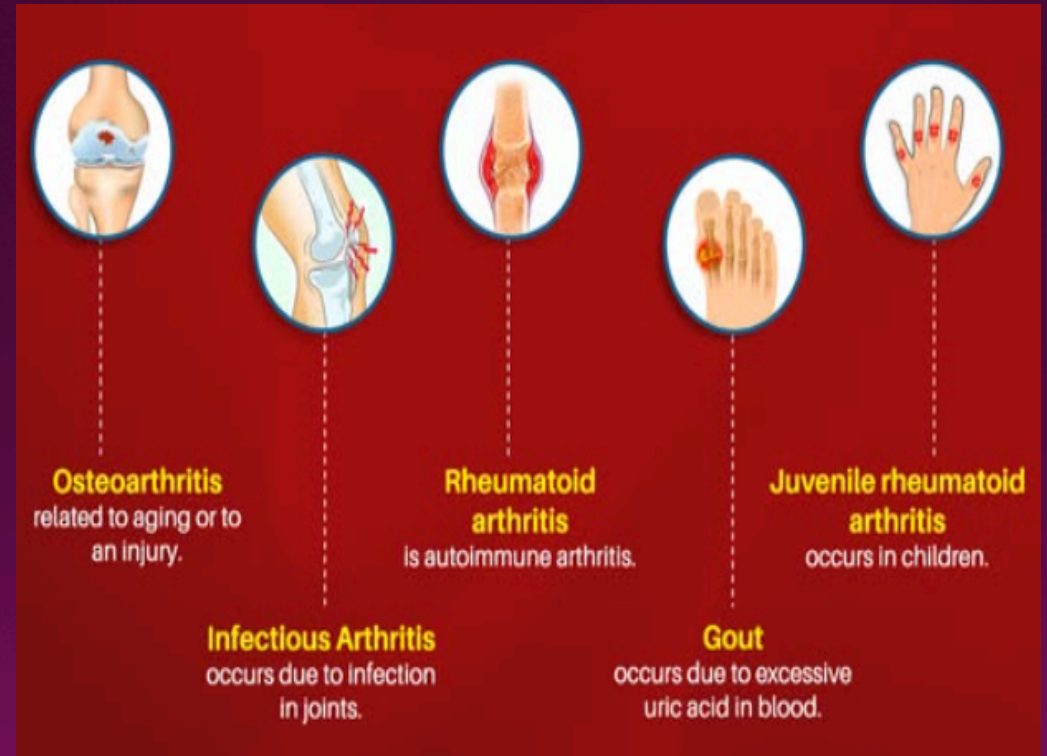
Global and UK Statistics

- RA affects approximately 0.5–1% of the global population (Ma et al., 2025).
- Global burden of RA continues increasing worldwide (Zhang et al., 2025).
- Women are affected more frequently than men.
- RA recognised globally as major cause of disability (WHO, 2023).



Types of Rheumatoid Arthritis

- Seropositive RA shows rheumatoid factor or anti-CCP antibodies (D'Orazio et al., 2024).
- Usually associated with more severe disease progression.
- Seronegative RA lacks these antibodies but symptoms persist.
- Both types cause chronic joint inflammation and damage (O'Neil and Kaplan, 2024).



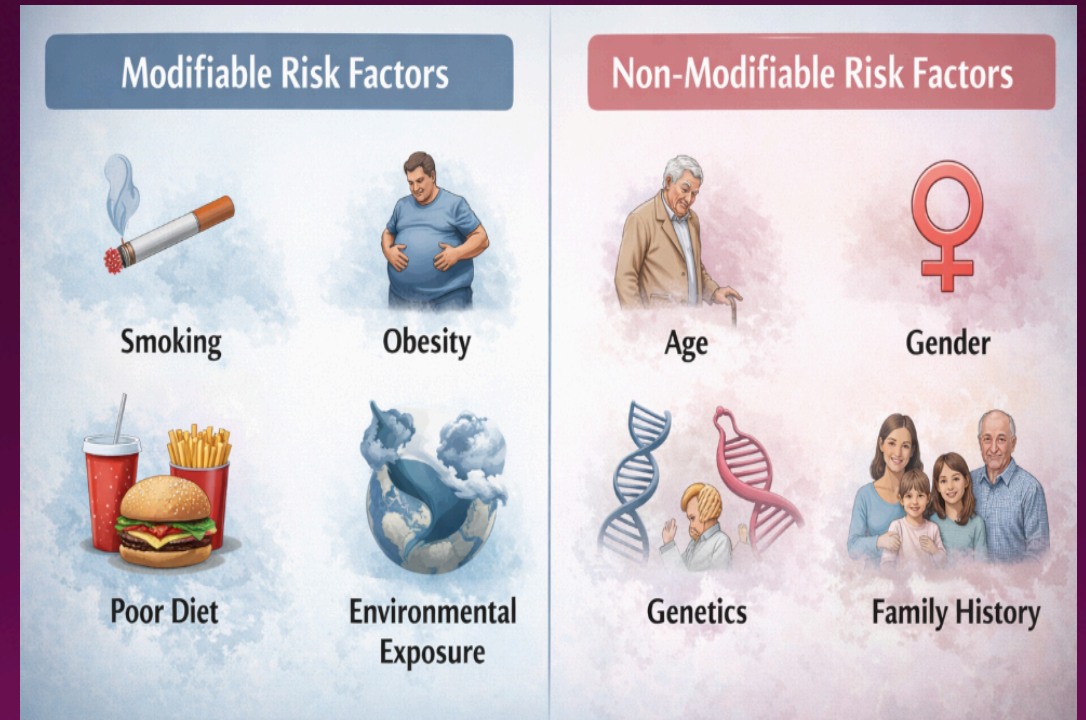
Risk Factors of Rheumatoid Arthritis

Modifiable risks include smoking, obesity, poor diet, environmental exposures (Radu and Bungau, 2021).

Smoking strongly increases RA development risk.

Non-modifiable risks include genetics, age, gender, family history (D'Orazio et al., 2024).

Women and genetically predisposed individuals show higher RA risk.



Signs and Symptoms

- Persistent joint pain, swelling and prolonged morning stiffness.

- Symmetrical joint involvement commonly affecting hands and wrists.

- Fatigue, fever and general weakness frequently reported (Huston, 2025).

- Long-term inflammation causes deformity and reduced mobility (O'Neil and Kaplan, 2024).



Initial Assessment and NHS Pathway

- GP assesses persistent joint pain and swelling symptoms.

- Blood tests include rheumatoid factor and anti-CCP antibodies (Nakayama et al., 2024).

- Imaging such as X-ray or ultrasound evaluates joint damage.

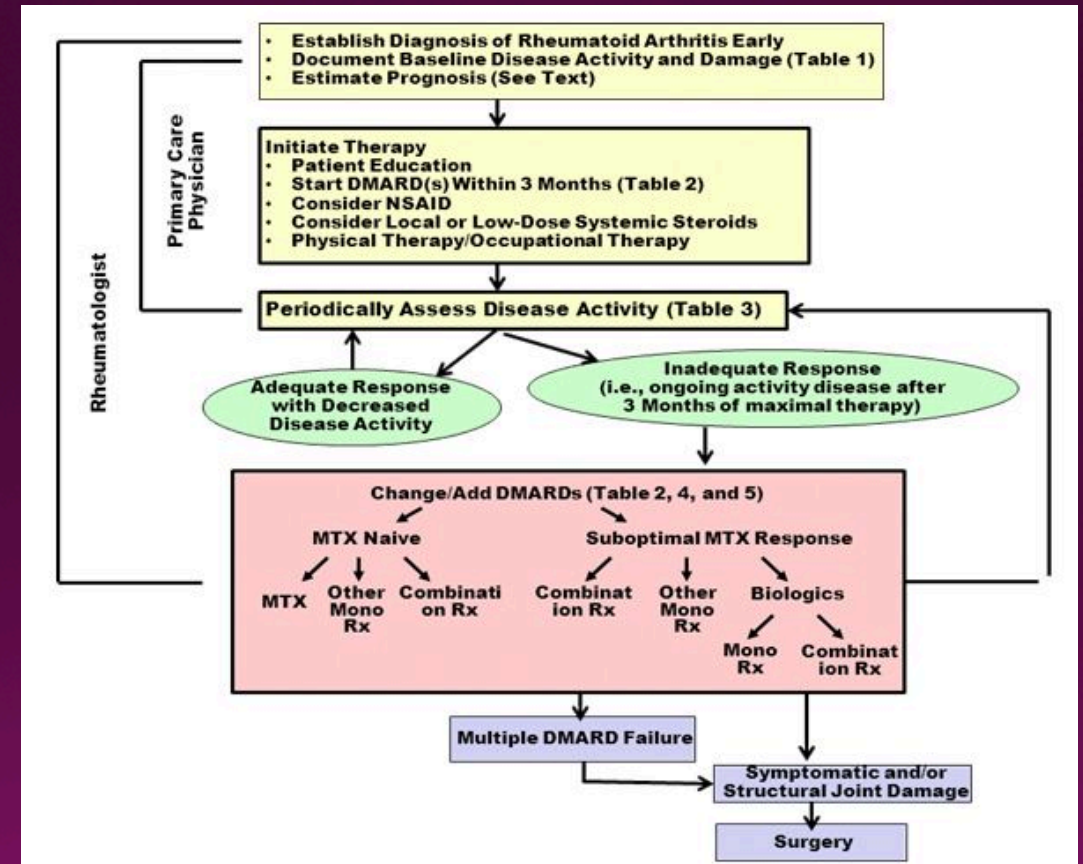
- Suspected RA urgently referred to rheumatology specialist

Test Details 	
Full Name	Anti CCP Test (Cyclic Citrullinated Peptide)
Test Type	Blood Test
Sample Required	Blood Sample
Fasting Required	No
Results Time	5 - 6 days



Management and Rehabilitation (UK Guidelines)

- Early DMARD therapy recommended to control inflammation (Fautrel et al., 2024).
- Biologic and targeted therapies used when conventional treatment fails (Park et al., 2026).
- Multidisciplinary care includes physiotherapy and occupational therapy.
- Rehabilitation maintains mobility and improves long-term quality of life (Vlad et al., 2025).



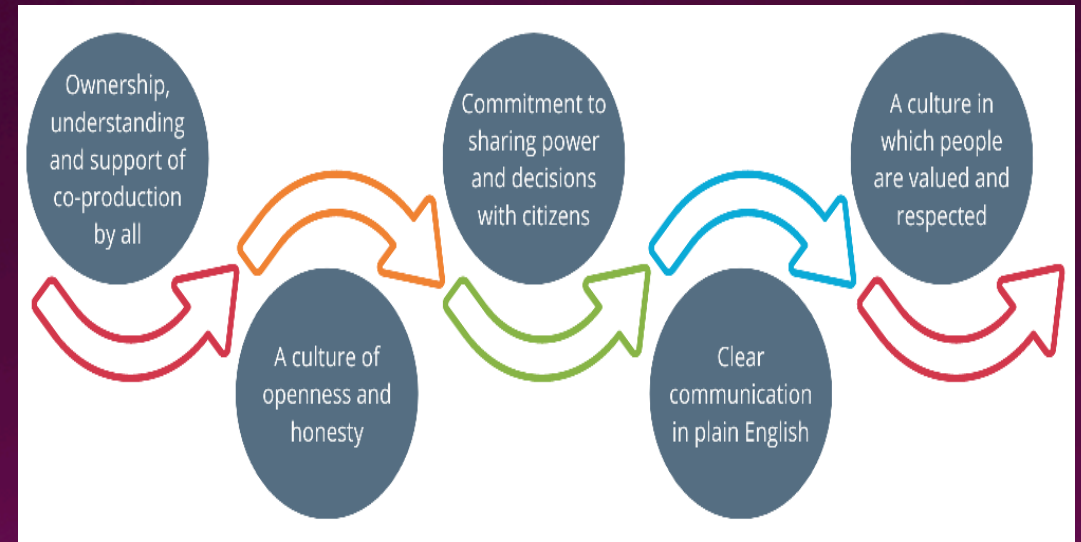
Social and Economic Burden

- RA reduces work productivity and increases healthcare costs (Ma et al., 2025).
- Many patients experience disability and employment limitations.
- Chronic illness often causes psychological distress and depression.
- Global RA burden continues increasing worldwide (Zhang et al., 2025).



Prevention, Co-Production and Person-Centred Care

- Prevention includes smoking cessation and healthy lifestyle behaviours (Bhakta et al., 2025).
- Advances in therapies improve long-term RA management outcomes (Nascimento et al., 2025).
- Co-production encourages shared decisions between patients and healthcare professionals.
- Person-centred care supports personalised treatment and patient self-management (Cubberley and Maharaj, 2025).



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